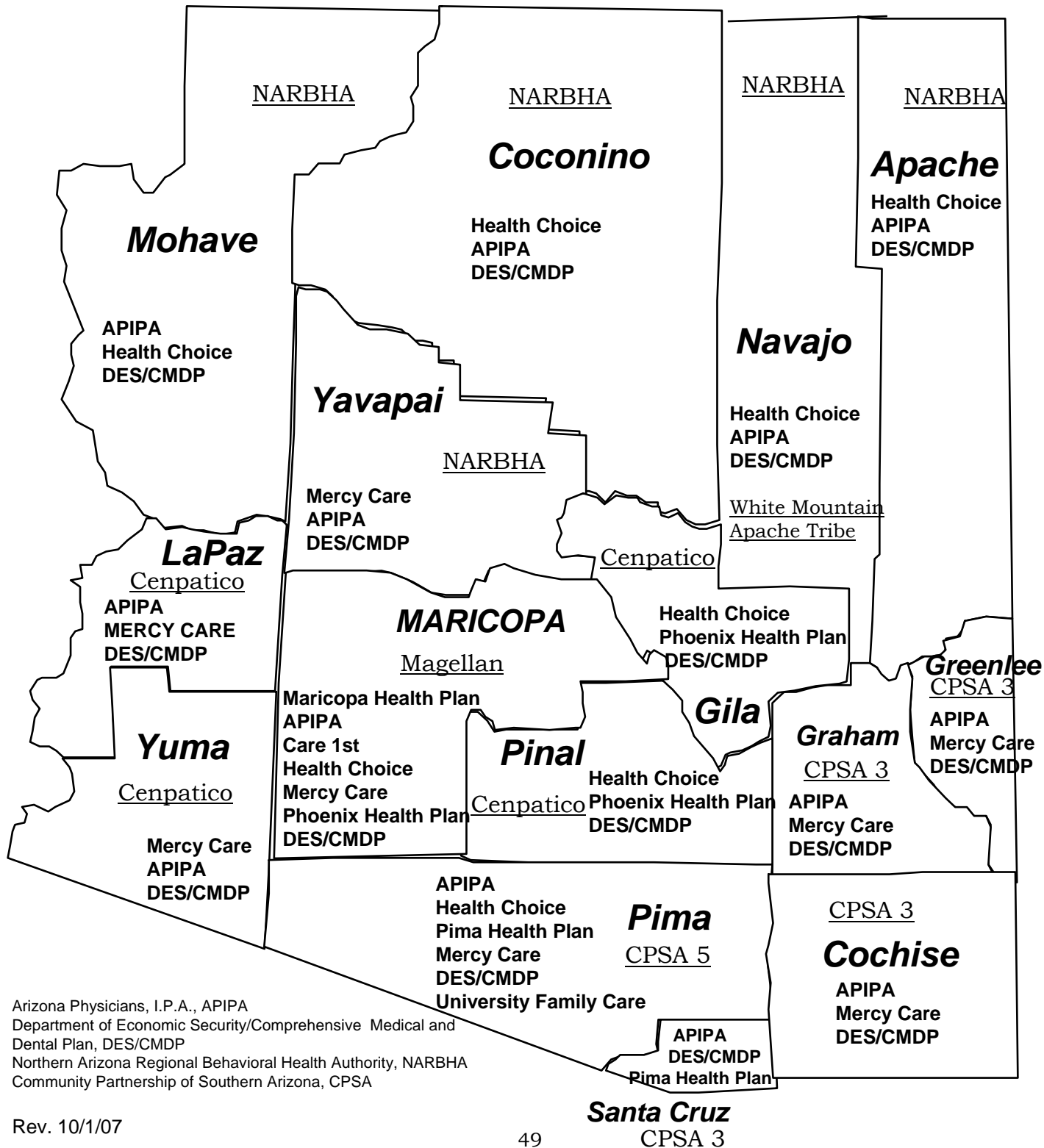




AHCCCS Behavioral Health Services Guide Exhibit A

Acute Care Health Plans and RBHAs by County





**AHCCCS Behavioral Health Service Guide
Exhibit B**

**ALTCS Program Contractor Map
for Elderly/Physically Disabled (EPD) Program**





AHCCCS Behavioral Health Service Guide Exhibit C

ALTCS DES/DD Map with Contracted Health Plans and RBHAs by County

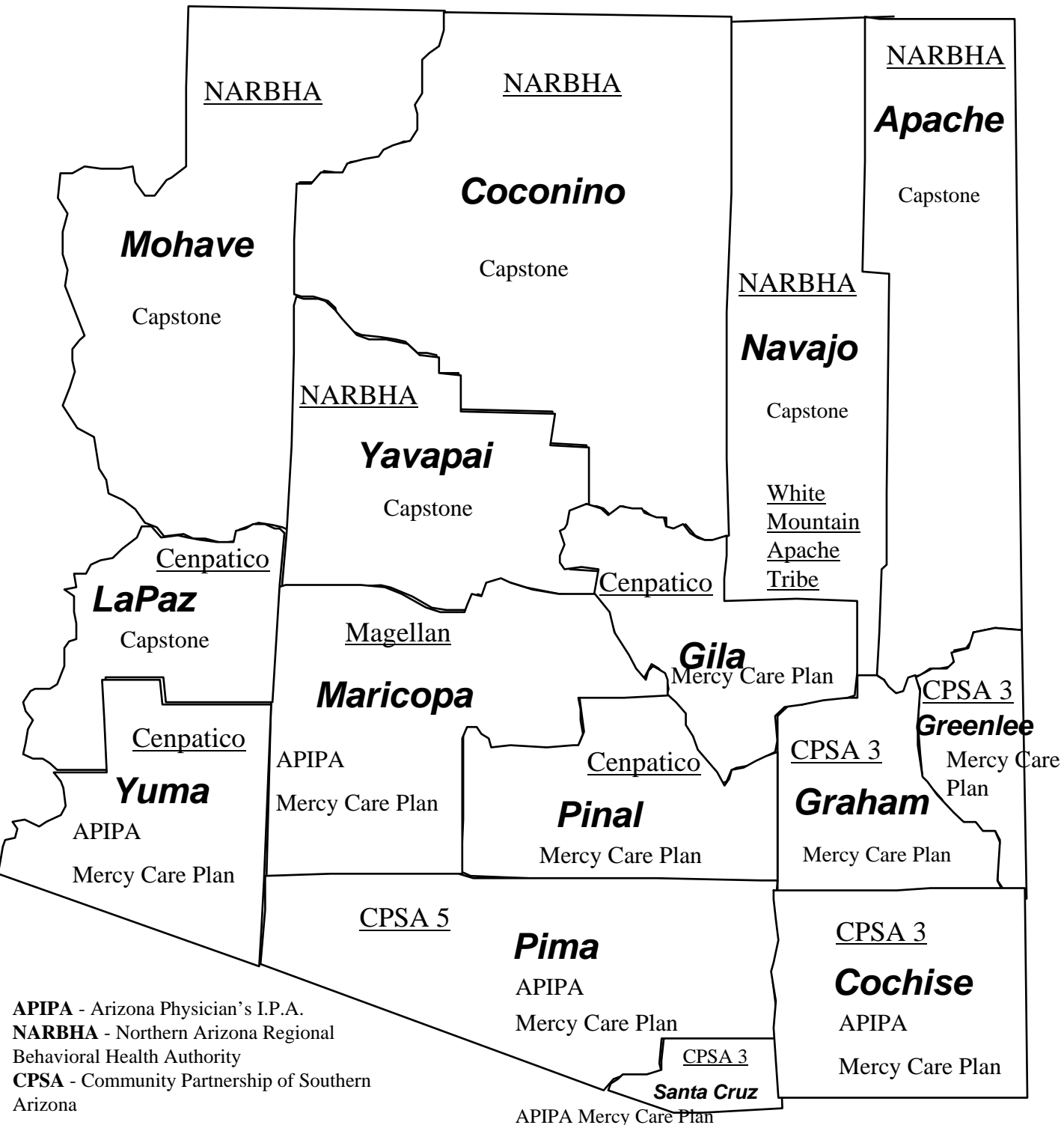


Exhibit D**AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE****AHCCCS Acute Care Health Plan Phone Numbers**

NAME	COUNTIES OF OPERATION	MEMBER SERVICES NUMBER
Arizona Physicians IPA (APIPA)	Coconino, Yavapai, Cochise, Santa Cruz, Graham, Greenlee, LaPaz, Yuma, Mohave, Maricopa, Navajo, Apache, Pima,	800-348-4058
Care 1st	Maricopa	602-778-1800 866-560-4042
Comprehensive Medical and Dental Plan (CMDP)	Statewide	602-351-2245 800-201-1795
Health Choice Arizona	Maricopa, Pima, Apache, Coconino, Mohave, Navajo, Gila, Pinal	480-968-6866 800-322-8670
Maricopa Health Plan	Maricopa	602-344-8760 800-582-8686
Mercy Care Plan	Cochise, Graham, Greenlee, Yavapai, Maricopa, Pima, Yuma, LaPaz	602-263-3000 800-624-3879
Phoenix Health Plan/Community Connection	Maricopa, Gila, Pinal	602-824-3700 800-747-7997
Pima Health Plan	Pima, Santa Cruz	520-512-5500 800-423-3801
University Family Care	Pima	520-874-5290 800-582-8686

Exhibit E**AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE****ALTCS PROGRAM CONTRACTOR PHONE NUMBERS**

NAME	COUNTIES OF OPERATION	MEMBER SERVICES NUMBER
Cochise Health System	Cochise, Graham, Greenlee	800-285-7485
DES/DDD	Statewide	602-238-9028 1-800-624-4964
SCAN Health Plan Long Term Care	Maricopa	1-888-540-7226
Mercy Care Plan	Maricopa	602-263-3000 800-624-3879
Pima Health System	Pima, Santa Cruz	520-512-5500 800-423-3801
Pinal/Gila County LTC	Pinal, Gila	520-866-6775 800-831-4213
Evercare Select (Formerly Lifemark)	Apache, Coconino, Mohave, Navajo (Maricopa – existing membership only)	602-331-5100 800-293-0039
Yavapai County LTC	Yavapai	928-771-3560 800-850-1020
Bridgeway Health Solution	La Paz, Yuma, Maricopa	866-475-3129
AHCCCS FFS (ALTCS)	Statewide	Central Office (Clinical Quality Management) (602) 417-4410

Effective 10-1-06



AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE

DES/DD Contracted Health Plan Phone Numbers

NAME	COUNTIES OF OPERATION	HEALTH PLAN DD LIAISONS
Arizona Physician's I.P.A. (APIPA)	Cochise, Maricopa, Pima, Santa Cruz, Yuma	602-664-5394
Mercy Care Plan	Cochise, Gila, Graham, Greenlee, Maricopa, Pima, Pinal, Santa Cruz, Yuma	602-263-3995



AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE

Tribal Contractor Phone Numbers

Contractor	Address	Phone Number
Gila River Indian Community Public Health Nursing	P.O. Box 38 Sacaton, AZ 85247	(602) 528-1200
Native American Community Health Center	3008 N. 3 rd St., Suite 310 Phoenix, AZ 85012	(602) 279-5262
Navajo Nation Social Services Administration	P.O. Box 4590 Window Rock, AZ 86515	(928) 871-6174
Navajo Nation Social Services Tuba City	P.O. Box 280 Tuba City, AZ 86045	(928) 283-3250
Navajo Nation Long Term Care Chinle	P.O. Box 1000 Chinle, AZ 86503	(928) 674-2236
Navajo Nation/Fort Defiance Long Term Care	P.O. Box 950 Fort Defiance, AZ 86504	(928) 729-4064
Pascua Yaqui Tribe	7474 S. Camino de Oeste Tucson, AZ 85746	(520) 883-5020 (520) 879-6060
San Carlos Apache Tribe Social Services	P.O. Box 0 San Carlos, AZ 85550	(928) 475-2138
Tohono O'Odham Nation Senior Services	P.O. Box 810 Sells, AZ 85634	(520) 383-6075
White Mountain Apache Tribe Client Business Office	P.O. Box 1210 Whiteriver, AZ 85941	(928) 338-1808



AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE

Regional Behavioral Health Authorities (RBHAs)

NAME	COUNTIES OF OPERATION	MEMBER SERVICES NUMBER
Magellan	Maricopa	800-564-5465 After 5 p.m., callers can choose prompt for crisis line (staffed 24 hours) or call 800-631-1314 directly
Community Partnership of Southern Arizona (CPSA)	Pima, Santa Cruz, Cochise, Graham, Greenlee	800-771-9889 After 11 p.m. calls roll over to SAMHC (staffed 24 hours)
Northern Arizona Regional Behavioral Health Authority (NARBHA)	Coconino, Mohave, Navajo, Apache, Yavapai	928-774-2290 800-640-2123 After 5 p.m., calls roll over to an answering service. Crisis calls are directed to crisis providers.
Cenpatico	Pinal, Gila, Yuma, La Paz	Member Services 866-495-6738 Pinal County Gila County Yuma County La Paz County

Tribal Regional Behavioral Health Authorities and Contractors

NAME	MEMBER SERVICES NUMBER	WEB SITE ADDRESS
Pascua Yaqui Regional Tribal Behavioral Health Authority	520-879-6060	http://www.pascuayaqui-nsn.gov/community/programs/health/behavioral/index.shtml
Gila River Tribal Regional Behavioral Health Authority	602-528-1206	http://www.gilariverrbha.org/index/htm
Navajo Nation Behavioral Health Contractor	928-871-6877	http://www.navajo.org/
White Mountain Apache Tribe	928-338-4811	http://www.wmabhs.org



AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE

Indian Health Service

Phoenix Area Indian Health Service (IHS) Two Renaissance Square , Room 504 40 North Central Avenue Phoenix, Arizona 85004-4424	(602) 364-5140 Fax: (602) 364-5269
Phoenix Indian Medical Center 4212 North 16 th Street Phoenix, Arizona 85016	(602) 263-1200 Fax: (602) 263-1699
Tucson Area Indian Health Service (IHS) 7900 South J. Stock Road Tucson, Arizona 85746-7012	(520) 295-2406 Fax: (520) 295-2610
Navajo Area Indian Health Service (IHS) P.O. Box 9020 Window Rock, Arizona 86515-9020	(928) 871-5811 Fax: (928) 871-5872



AHCCCS BEHAVIORAL HEALTH SERVICES GUIDE

Federal Utilization and Seclusion/Restraint Requirements

Federal Requirement	Psychiatric Hospital	Acute General Hospital or a Distinct Unit of an Acute General Hospital	Inpatient Psychiatric Facilities (Sub-acute and RTC's)
Certification of Need	42 CFR 456.160	42 CFR 456.60	42 CFR 441.152 to 156
Recertification of Need	42 CFR 456.160	42 CFR 456.60	42 CFR 441.155
Plan of Care	42 CFR 441.102 or 456.180 to 181	42 CFR 456.80	42 CFR 441.155 to 156 and 456.180
UR Plan/Committee	42 CFR 456.200 to 213 and 482.30	42 CFR 456.100 to 113 and 482.30	The certification specified in 441.152 and 153 satisfies the utilization control requirement for physician certification in 456.60, and 456.160.
UR Admission Review	No requirement	42 CFR 456.121 to 127	
Evaluation and Admission Review	42 CFR 456.170 - 171	42 CFR 456.128 to 132	
Initial Continued Stay Review	42 CFR 456.233	42 CFR 456.133 to 137	
Subsequent Continued Stay Review	42 CFR 456.231 to 238	42 CFR 456.141 to 145	
Medical Care Evaluation	42 CFR 456.241 to 245	42 CFR 456.141 to 145	Required by state contract
Active Treatment	See Plan of Care requirements	See Plan of Care requirements	42 CFR 441.154
Quarterly Showing Report	42 CFR 456, Subpart J	42 CFR 456, Subpart J	42 CFR 456, Subpart J
Seclusion and Restraint	42 CFR 482.13	42 CFR 482.13	42 CFR 483, Subpart G
Accreditation Requirement	JCAHO Inpatient Standards	JCAHO Inpatient Standards	JCAHO, COA or CARF



INSTITUTIONS FOR MENTAL DISEASES (IMD)

An Institution for Mental Disease (IMD) is defined at 42 CFR 435.1009 as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. The regulations indicate that an institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases. Title XIX of the Social Security Act provides that, except for individuals under age 21 receiving inpatient psychiatric care, Medicaid (Title XIX) does not cover services to IMD patients under 65 years of age [section 1905(a)(24)(B)]. Effective July 5, 2000, HCFA (CMS) granted Arizona expenditure authority to provide limited services to Title XIX persons age 21 through 64 in IMDs. Based on current ADHS/OBHL licensing language, facilities which meet the definition of an IMD are licensed Level I facilities with more than 16 total treatment beds. General acute care hospitals with psychiatric units *are not* considered IMDs.

Settings/Provider Types:

- Level I Psychiatric Hospital (provider type 71)
- Level I Residential Treatment Center with more than 16 beds (provider types B1 and B3)
- Level I Sub-acute facility with more than 16 beds (provider type B6)
- Medicare certified nursing facility with more than 16 beds and more than 50% of patients are primarily treated for mental disorders (provider type 22)

Service Limitations:

- A Title XIX member who is 21 years through 64 years old may receive services in an IMD for up to 30 days per admission and 60 days per contract year (July 1 – June 30). The member remains eligible for other Title XIX covered services during the 30/60 days. However, a member whose stay exceeds 30 days per admission/60 days per contract year may lose Title XIX eligibility.
- An admission which spans contract years is counted as one admission; only 30 days of the admission are reimbursable with Title XIX/Title XXI funds.
- There are no length of stay limits (30 days per admission/60 days per contract year) for a Title XIX member under age 21 (EPSDT members) or age 65 and older in IMDs, provider types B1, B3 and B6.
- For Title XXI members, there are no service limitations. However, an individual may not apply for Title XXI eligibility nor be re-determined for such eligibility while residing in an IMD. A Title XXI KidsCare member whose annual eligibility re-determination date occurs while the individual is residing in an IMD will be disenrolled from KidsCare and evaluated for Medicaid Title XIX eligibility.
- AHCCCS Contractors must ensure that IMD agencies provide written notification to a Title XIX member or the member's parents or legal guardian at admission that:
 - AHCCCS eligibility for members who are age 21 through 64 may end if they remain in an IMD longer than 30 days per admission or 60 days per contract year (July 1 – June 30). After 30 days the setting is considered to be an ineligible setting and the member is not entitled to receive any Medicaid service, either inside or outside of the facility, while remaining as a resident.

Reimbursement Limitations/Provider Requirements:

- The Arizona State Hospital must report all admissions of Title XIX or Title XXI members to AHCCCS Member Services (fax: 602-253-4807 or telephone: 602-417-4412).
- IMDs, other than the Arizona State Hospital, are required to notify AHCCCS Member Services (fax: 602-253-4807 or telephone: 602-417-4412) when a Title XIX member age 21 through 64 years old has been a resident/inpatient for 30 consecutive days and provide the following information:
 - *Provider* Identification Number and telephone number
 - *Recipient's* name, date of birth, AHCCCS Identification Number *and* Social Security Number
 - Date of admission



INSTITUTIONS FOR MENTAL DISEASES (IMD)

AHCCCS eligibility for a member whose admission has been reported as exceeding 30 days will be 'suspended' for the remainder of the admission. IMD Providers are required to notify AHCCCS Division of Members Services (DMS) when the member is discharged so that eligibility can be restored. This limited tracking of member admissions/discharges will not function to collect cumulative utilization. Contractors and providers should be aware that due to claims and encounter lags, they cannot rely on timely tracking of utilization at the state agency level (AHCCCS and ADHS/DBHS) and are therefore encouraged to solicit utilization information from client history, medical records and other measures as appropriate. Facilities other than the Arizona State Hospital should *not* report admissions of members who are less than 21 years old or age 65 and older to AHCCCS but must report such admissions to RBHAs or ALTCS Contractors. ALTCS Contractors and ADHS or designee must monitor members age 21 through 64 cumulative utilization and report to DMS when a member reaches 60 cumulative days.

KidsCare:

Admission/discharge notification is *not* reported to AHCCCS Administration for members age 20 and younger. AHCCCS Title XXI members can be admitted to an IMD if they are *already* eligible for Title XXI. However, federal regulations prohibit application or redetermination for Title XXI while a resident of an IMD. Provider types which identify IMD status of Residential Treatment Centers have therefore been established: provider types B1 and B3 **are** IMDs; provider types 78 and B2 **are not** IMDs for KidsCare redetermination purposes only. KidsCare members in IMDs will be evaluated for Title XIX eligibility at the end of their KidsCare eligibility period.



FACT SHEET INDEPENDENT MASTER'S LEVEL THERAPISTS

Effective July 1, 2004, an individual licensed per A.R.S. Title 32, Chapter 33, by the Arizona Board of Behavioral Health Examiners (ABBHE) as a Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), or Licensed Independent Substance Abuse Counselor (LISAC) is allowed to register with AHCCCS as one of the following provider types:

LCSW	Provider Type 85
LMFT	Provider Type 86
LPC	Provider Type 87
LISAC	Provider Type A4

Although ABBHE licenses other individuals with master's and/or bachelor's degrees, only the above- identified licensure categories are permitted to register as independent billers with AHCCCS.

Providers are required to:

- Complete an application
- Sign a provider agreement and other applicable forms
- Submit documentation of current ABBHE licensure
- Submit Form W-9: Request for Taxpayer Identification Number and Certification

When a provider's application is approved, an AHCCCS ID number is assigned and the provider is notified by letter.

The scope of practice for LISACs is limited by ABBHE to the assessment and treatment of individuals and families with substance abuse issues. LCSWs, LPCs and LMFTs can treat both mental illness and substance abuse. For FFS claims to AHCCCSA, the CPT codes (90000) will pay at 75% of the posted (physician) rate. Capitated Contractors may contract with providers at, above or below the AHCCCS FFS posted rate.

Information and registration materials may be obtained by calling the AHCCCS Provider Registration Unit at (602) 417-7670, (Option 5) or 1-800-794-6862 or are available on line at: <http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp> .

ALTCS Contractors and RBHAs must credential and privilege these therapists within their delivery system. However, privileging/credentialing or offering a contract is **not** required prior to AHCCCS registration.



FACT SHEET

Responsibility For Behavioral Health Emergency and Post-Stabilization Care Services

Behavioral health recipient or RBHA or TRBHA Enrolled:

Title XIX or Title XXI members who are considered behavioral health recipients are individuals who are Title XIX or Title XXI *eligible at the time the service was provided and enrolled with a RBHA or TRBHA as a Title XIX or Title XXI member.* (For purposes of this document, ‘behavioral health recipient’ or RBHA/TRBHA enrolled does not include individuals receiving RBHA services during prior period eligibility segments).

Emergency Behavioral Health Service:

Covered inpatient and outpatient services provided to treat an emergency behavioral health condition. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency behavioral health condition.

Emergency Behavioral Health Condition:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: a) a psychiatric emergency involving a significant risk of serious harm to oneself or others; b) a substance abuse emergency exists if there is significant risk of serious harm to a behavioral health recipient or others, or there is likelihood of return to substance abuse without immediate treatment.

Emergency Medical Condition:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: a) placing the patient’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.

Post-Stabilization Care Services:

Services related to an emergency condition, provided after the member is stabilized in a hospital’s emergency department (regulations do not pertain to psychiatric urgent care centers), to maintain the stabilized condition or to improve or resolve the member’s condition.

For Title XIX and Title XXI behavioral health recipients, post- stabilization care services are the fiscal responsibility of:

- The **ALTCS EPD** Contractor for an ALTCS EPD member;
- The **ALTCS DDD HEALTH PLAN** for ALTCS/DDD members not yet RBHA or TRBHA enrolled;
- The **AHCCCS Acute Care Health Plan** (if acute care member not yet RBHA or TRBHA enrolled);
- The **RBHA** for an ACUTE CARE HEALTH PLAN member and for an ALTCS/DDD member who is ADHS/RBHA enrolled;
- **AHCCCS** for IHS-FFS members not RBHA or TRBHA enrolled;
- **ADHS with AHCCCS (as the Third Party Administrator)** for members enrolled in a Tribal RBHA.

Upon the determination by the attending emergency department physician that a member is sufficiently stabilized for discharge, transfer or admission, the emergency department should contact the member’s Contractor for determination of where post stabilization services are to be provided. If the Contractor does not respond within **one hour** of being contacted, the emergency department may discharge, transfer



FACT SHEET

Responsibility For Behavioral Health Emergency and Post-Stabilization Care Services

or admit the member to a facility and the Contractor is responsible for coverage and payment whether the facility is within or outside the Contractor's network. [42 CFR 438.114(b) and 42 CFR 422.113(c)]

Providers should refer to the following outline to determine the responsible Contractor when making contact for post-stabilization care authorizations. Providers need not contact AHCCCS Administration for authorization for post-stabilization care services provided to FFS members, but must always notify/make a referral to the RBHA as soon as possible upon admission for behavioral health services, preferably within 24 hours but in no case later than 10 calendar days post admission. See Exhibits D – H for Contractor contact information.

1. For members enrolled in ALTCS DES/DDD, DES/CMDP, or an ACUTE CARE HEALTH PLAN (other than IHS), check to see if the member is enrolled with a RBHA or Tribal RBHA.

A. If the member is enrolled with a RBHA:

- Emergency Department: All services provided in the emergency department are the responsibility of the member's health plan with the exception of a behavioral health consult provided by a behavioral health medical practitioner, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist which is the RBHA's responsibility. Prior authorization for these consults is not required if associated with an emergency.
- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the RBHA's responsibility. (However, for admissions where the primary condition is medical with the need for detoxification being secondary, the acute care health plan is responsible for coverage and payment.)

B. If the member is enrolled with a Tribal RBHA (for services provided in non-IHS, non- 638 tribal facility):

- Emergency Department: All claims for services provided in the emergency department are the responsibility of the health plan with the exception of a behavioral health consult provided by a behavioral health medical practitioner, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist which are the responsibility of ADHS, with AHCCCS paying claims as Third Party Administrator (TPA) for ADHS.
- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the responsibility of ADHS, with AHCCCS paying claims as Third Party Administrator (TPA) for ADHS. (However, for admissions where the primary condition is medical with the need for detoxification being secondary, the acute care health plan is responsible).
- The contact for post-stabilization care services can be made to the ADHS/DBHS Division of Behavioral Health Services/Bureau of Quality Management and Evaluation during regular business hours, or within 24 hours of an admission made



FACT SHEET
Responsibility For Behavioral Health
Emergency and Post-Stabilization Care Services

after 5:p.m. Monday through Friday, on weekends or State holidays. (Fax (602) 364-4749, telephone (602)364-4645.

C. If the managed care DDD, CMPD or health plan member is not enrolled with a RBHA or Tribal RBHA:

- Emergency Department: All claims for emergency medical services are the responsibility of the health plan, including triage, physician assessment, diagnostic tests, professional charges for a behavioral health consult provided by a behavioral health medical practitioner, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist. Prior authorization for these consults is not required if associated with an emergency.
- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the responsibility of the health plan. *A referral to the RBHA should be made as soon as possible, but no later than 24 hours after admission.*

The member's health plan may be responsible for up to 3 days of inpatient care services, for a maximum of 12 days per health plan contract year (October 1-September 30). The *member's benefit* is not limited to 3 days, only the health plan's responsibility.

A referral to the RBHA or Tribal RBHA should be made as soon as possible after admission. The RBHA or a Tribal RBHA should respond to a referral within 24 hours, evaluate the patient, and if the patient is assessed as needing behavioral health services, immediately enroll the patient in the RBHA or Tribal RBHA, as applicable, and assume responsibility for provision of any continued behavioral health services.

2. For FFS members enrolled with INDIAN HEALTH SERVICES (IHS) for services provided at non-IHS or non-638 tribal facilities, check to see if the member is enrolled with a RBHA or Tribal RBHA.

A. If the FFS member is enrolled with a RBHA:

- Emergency Department: All services provided in the emergency department are the responsibility of AHCCCS (not as TPA) with the exception of a consult provided by a behavioral health medical practitioner, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist which is the RBHAs responsibility. Prior authorization for these consults is not required if associated with an emergency.
- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the responsibility of the RBHA. (However, for admissions where the primary condition is medical with the need for detoxification being secondary, the health plan is responsible). *A referral to the RBHA advising their member has been admitted should be made as soon as possible, but no later than 24 hours after admission.*

B. If the member is enrolled with a Tribal RBHA:

- Emergency Department: All services provided in the emergency department are the responsibility of ADHS (with AHCCCS paying claims as the TPA) with the exception of a consult provided by a behavioral health medical practitioner, licensed psychologist,



FACT SHEET

Responsibility For Behavioral Health Emergency and Post-Stabilization Care Services

licensed clinical social worker, licensed professional counselor or licensed marriage and family therapist which is the RBHAs responsibility. Prior authorization for these consults is not required if associated with an emergency.

- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the responsibility of ADHS*, with AHCCCS paying claims as the TPA for ADHS. *A referral to the Tribal RBHA advising their member has been admitted should be made as soon as possible, but no later than 24 hours after admission.* Exception: Admissions for detoxification when the primary condition is medical are the responsibility of AHCCCS (not as TPA). See post-stabilization care services, above.

*The contact for post-stabilization care services can be made to the ADHS/DBHS Division of Behavioral Health Services/Bureau of Quality Management and Evaluation during regular business hours. Notification of an admission made after 5:p.m. Monday through Friday, on weekends or State holidays must be made within 24 hours. **Telephone** (602)364-4645, **Fax** (602)364-4749.

C. If the IHS member is not enrolled with a RBHA or Tribal RBHA:

- Emergency Department: The AHCCCS Administration (not as the TPA for ADHS) is responsible for claims payment for emergency services, including professional charges for a psychiatrist or licensed psychologist consult.
- Post-stabilization care services-Inpatient: Coverage and payment for an admission for a behavioral health disorder or detoxification is the responsibility of AHCCCS** (not as the TPA for ADHS).

**Inpatient providers need not contact AHCCCS Administration for authorization for post-stabilization care services provided to FFS members, but must notify the RBHA as soon as possible upon admission, preferably within 24 hours but in no case later than 48 hours. The RBHA or Tribal RBHA should respond to the referral within 24 hours and evaluate/enroll patient in the RBHA/TRBHA and assume responsibility for provision of any continued behavioral health services.

3. ALTCS Elderly and Physically Disabled (EPD) members do not enroll with RBHAs or TRBHAs. For DES/DDD ALTCS members see # 1 above.

A. For members enrolled with an ALTCS EPD Contractor:

Emergency Department and post-stabilization care services are the responsibility of the program contractor. For ALTCS Contractors there is no 72-hour limitation of responsibility. All medically necessary services are covered. Upon the attending emergency department physician's determination that a member is sufficiently stabilized for discharge, transfer or admission, the emergency department should contact the member's ALTCS EPD Contractor for determination of where post stabilization services are to be provided. If the Contractor does not respond within one hour of being contacted, the emergency department may discharge, transfer or admit the member to an appropriate facility and the Contractor is responsible for coverage and payment whether the facility is within or outside Contractor's network. The inpatient provider must notify the ALTCS Program Contractor within 24 hours of a member's admission.



FACT SHEET
Responsibility For Behavioral Health
Emergency and Post-Stabilization Care Services

B. ALTCS members residing in areas not served by program contractors, such as Native Americans living on the reservation:

- AHCCCS is responsible for medically necessary outpatient and inpatient services for persons residing in areas that are not served by program contractors. A tribal case manager should be notified within 24 hours of admission.

4. IHS enrolled, HEALTH PLAN enrolled FFS MEMBERS receiving services at 638 Tribal facilities or IHS facilities.

All claims for services provided at 638 Tribal facilities and IHS facilities for Title XIX and Title XXI members are submitted to AHCCCS Administration (not as TPA for ADHS).